

NPM #13: Percent of children without health insurance.

a) Report of 2003 Major Activities

1. Medicaid/CHIP Outreach—Enabling Services—Children, including CSHCN

By the end of 2003, total family Medicaid recipients (the sum of Medicaid and BadgerCare enrollments) increased by 42,262 persons, or 10.0%. The total family Medicaid enrollment is 463,752 persons.

Under Medicaid/CHIP outreach, various activities were undertaken, although none were directly funded by any major federal funding source, as in previous years. We continued to provide consultation with LPHDs and providers in particular on technical aspects of enrolling children into health care coverage.

2. Covering Kids and Families Coalition—Enabling Services—Children, including CSHCN

One particular initiative in 2003 involved Title V staff assistance in helping with a four-year, \$900,000 Robert Wood Johnson grant, "Covering Kids and Families." The main goal of the grant is to help enroll children and families in public health insurance programs. The Title V Outreach Consultant assisted in writing the grant with the lead agency, the University of Wisconsin – Extension agency. Subsequently, he was elected co-chair of the statewide coalition; but by the end of 2003, he resigned to devote time to other priorities. Two LPHDs, LaCrosse County Health Department and the City of Milwaukee Health Department, serve as local coalitions in the effort.

This grant involves convening a statewide coalition to undertake three main goals: outreach to enable children and families to enroll in Medicaid or BadgerCare; simplification of enrollment and renewal processes, and coordinating existing health care coverage programs. Numerous outreach efforts were undertaken, including ten back-to-school media placements reaching nearly 250,000 persons, and a major Milwaukee health fair reaching more than 1,000 families.

3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN

Title V staff met intermittently with Medicaid staff to seek approval to allow public health departments to claim added federal Medicaid funds through Medicaid Administrative Claiming (MAC). Activities in 2003 centered on specific use of MAC for oral health access, an earmarked option under the "Medicaid-Title V" rule.

b) Current 2004 Activities

1. Medicaid/CHIP Outreach—Enabling Services—Children, including CSHCN

Numerous outreach consultation activities continued in 2004. Outreach activities took place less than in previous years, but the following services were provided.

We provide a distribution point for eligibility-related brochures and offer technical assistance on eligibility-related questions. For example, demand continues for updated income-eligibility guidelines, which change each year in April. We also provide consultation on policy-related questions for the MCH Hotline staff. The Title V MCH Hotline continues serving children and their parents and caretakers by providing information and referral services statewide. Thus, the Title V program continues its proven outreach activities that lead to increased enrollment.

2. Covering Kids and Families Coalition—Enabling Services—Children, including CSHCN

The Title V role in co-chairing the Wisconsin CKF grant has diminished in 2004. We attended some meetings in 2004, in order to keep our membership active in this key grant initiative. Even though Wisconsin's state fiscal situation is tight as it is in the other states, the new administration of Governor Doyle has pledged its support to continuing the "whole family" BadgerCare CHIP program.

3. Medicaid Administrative Claiming Planning—Enabling Services—Children, including CSHCN

Our initiative to increase federal funding for MCH and CSHCN services has seen marked progress in 2004. The Doyle administration, seeking to maximize federal dollars for Medicaid because of the state budget deficit, has included a provision to allow MAC reimbursements to counties for Medicaid outreach and related activities. If enacted, this could significantly benefit county-based health departments who perform these activities. We hope to gain DHFS Secretary Helene Nelson's approval to move forward with a companion federal regulation to reimburse MCH and CSHCN services via the "Title V rule." In a related development, the Secretary has shown interest in prevention activities that have cost-containment potential.

c) 2005 Plan/Application

In Wisconsin, we have reached an envious goal in assuring health care access for the state's children. In part through the implementation of the "whole family" Children's Health Insurance Program we have reached 97% coverage of the state's children; an accomplishment recently announced in a press release from Secretary Nelson.

However, in part because of that accomplishment, it is likely that less of a leadership effort in outreach activities will occur in 2005. From a planning and policy perspective, however, we hope to pursue MA Administrative Claiming with the Department administration.